Name in Full: Chas. C. Armstrong

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland County: Allegany

Date of death: 1904 Month: March Day: 13 Age: Years: 24 Months: Days:

Sex: Male Color or Race: colored Birthplace:

Occupation: Tramp Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 9 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller M.D.

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU AU8516

Name in Full: Wm. Edwin Arnold.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Loanstown. County: Allegany.

Date of death 1904: Month: March. Day: 14th.

Age: Years: 1. Months: 1. Days: 25.

Sex: Male. Color or Race: White. Birthplace: Loanstown.

Married, Single or Widowed: ✓. Occupation: ✓.

Name of Wife or Husband: ✓.

Father's Name: James E. Arnold. Father's Birthplace: Mineral Co. W Va.

Mother's Maiden Name: Alice E. O'Brian. Mother's Birthplace: Grant Co. W Va.

Name of person giving In formation: Mrs J. E. Arnold. How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cavernous-pneumonia. How long: Ten days.

Immediate: Disseminated of peritoneum & surface. How long: Ten days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson

Address: Oakland Summit. Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Alex Binoch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Maplen'or — County: Allegany

Date of death	Month	Day	Years	Months	Days
1904	March	6	Age 1	2	11

Sex: Male — Color or Race: White — Birthplace: Michigan

Occupation: ~ — Where Residing if not at place of death: ~

Married, Single or Widowed: ~ — Name of Wife or Husband: ~

Father's Name: Michael Binoch — Father's Birthplace: Poland Russia

Mother's Maiden Name: Carthegina " — Mother's Birthplace: " "

Name of person giving Information: Father — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. L. Bradley MD

Address: 98 Va Ave

Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Mary Bradburn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: March; Day: 9; Age: Years: 87; Months: 3; Days: 7

Sex: Female; Color or Race: White; Birthplace: England

Married, Single or Widowed: Widow; Occupation: —

Name of Wife or Husband: John Bradburn Sr

Father's Name: William Eves; Father's Birthplace: England

Mother's Maiden Name: Susannah Frooter; Mother's Birthplace: "

Name of person giving Information: Isaac Bradburn; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemiplegia; How long: 5 Days

Immediate: " " 2nd. ; How long: 15 m

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Poole

Address: Lonaconing Md

Accident or Suicide? No

LIBRARY BUREAU A0881B

Name in Full: Edward Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum — County: Allg

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	3	13	Age 21		

Sex: Male — Color or Race: Colored — Birthplace: Wash Co

Occupation: Driver — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Nathaniel Brooks — Father's Birthplace: Wash Co

Mother's Maiden Name: Matilda Toney — Mother's Birthplace: 93

Name of person giving Information: Nathaniel Brooks — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 2 days

Immediate: Typhoid Pneumonia — How long: 12 days

Are the name, age, sex, color, date and place correctly given above? as far as I know

Signature of Physician: J Howard Wiener

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A93516

Name in Full: Francis Powers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: March — Day: 7th — 1904

Age: Years: 55 — Months — Days

Sex: Male

Color or Race: White

Birth-place

Occupation: Tinner Man

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: G F Bueter

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate: Killed on R R.

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W J Conner Coroner

Address

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: William John Byrnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ocean — County: Allegany

Date of death 1904: Month: March — Day: 13 — Age: Years: 1 — Months: 5 — Days: —

Sex: Male — Color or Race: White — Birthplace: Ocean

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Byrnes — Father's Birthplace: Ocean

Mother's Maiden Name: Mary Grimes — Mother's Birthplace: Midland

Name of person giving In formetion: Martin Burns — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 10 days

Immediete: Broncho-Pneumonia — How long: 5 days

Are the name, ege, sex, color. date and place correctly given above? Yes

Signature of Physician: F. P. O'Neil, M. D.

Address: Midland, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Catholic

Name in Full: William Byrnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ocean; County: Allegany

Date of death 1904: Month: Mar.; Day: 8; Age: Years: 3; Months: 8; Days:

Sex: Male; Color or Race: White; Birthplace: Ocean

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Byrnes; Father's Birthplace: Ocean

Mother's Maiden Name: Mary Byrnes 92; Mother's Birthplace: Midland

Name of person giving information: Martin Burns; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia; How long: 8 days

Immediate: Broncho-Pneumonia; How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. O'Neil, M.D.

Address: Midland, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Cuth.

Name in Full: Joseph Carney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: Mar; Day: 15

Age: Years: 7; Months: ; Days:

Sex: M

Color or Race: W

Birthplace: Frostburg

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jos Carney

Father's Birthplace: Frostburg

Mother's Maiden Name: Agnes Murphy

Mother's Birthplace: Frostburg

Name of person giving information: no info

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long:

Immediate: 11 — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edward Hitchins

Address: Frostburg

Accident or Suicide?

LIBRARY BUREAU A0801G

C. F. M.

Cath. Cem.

Name in Full: Caroline Cassie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland County: Allegany

Date of death 1904	Month	Day	Year	Age	Months	Days
	3	23rd		71 0	—	—

Sex: Female | Color or Race: White | Birthplace: Old Town, Md

Married, Single or Widowed: Married | Occupation: Wife

Name of Wife or Husband:

Father's Name: John Barthy | Father's Birthplace:

Mother's Maiden Name: Lizzie Stump | Mother's Birthplace:

Name of person giving information: Husband | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Breast | How long: 22 Months

Immediate: Exhaustion | How long: 3 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. L. Vander

Address: Cumberland Maryland

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A69519

Name in Full: John Conner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Mar — Day: 16 — Age — Years: 50 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: —

Occupation: Boatsman — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Himself — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: By accident Scald legs and Arm — How long: —

Immediate: Shock — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Greer

Address: Cumberland

Accident ~~or Suicide?~~

LIBRARY BUREAU A40316

Name in Full Ann Conray

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Eckhart County: Allg

Date of death: Month: Mar Day: 24 1904

Age: Years: 57 Months: Days:

Sex: F Color or Race: W Birthplace: Ireland

Occupation: Housewife Where Residing If not at place of death:

Married, Single or Widowed: ~~Single~~ Married Name or Wife or Husband: Silas Conray

Father's Name: Father's Birthplace: Ireland

Mother's Maiden Name: Mother's Birthplace: Ireland

Name of person giving information: No one How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchit. Chronic Exhaustion How long: 7 Yrs

Immediate: Exh How long: 4 Month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Griffith

Address: Frostburg

Accident or Suicide?

LIBRARY BUREAU A-8616

Catholic Action

CF 11.

Name in Full: Marie Alice Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg — County: Allegany

Date of death: Month: March — Day: 18 — Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: England

Occupation: Home Keeper — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace: Eng

Mother's Maiden Name: Dead — Mother's Birthplace: Eng

Name of person giving information: Wm Cooper — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 1 week

Immediate: Heart weakness — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. B. Claybrook M.D.

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A48016

Name in Full: Harry Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allegany

Date of death 190 4 — Month: March — Day: 2

Age — Years: 53 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Penna

Married, ~~Single~~ ~~Widowed~~: Married — Occupation: Laborer

Name of Wife or Husband: Jennie Grove

Father's Name: Unknown — Father's Birthplace

Mother's Maiden Name: Unknown — Mother's Birthplace

Name of person giving information: Jennie Grove — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stricture of Urethra — How long: several years

Immediate: Acute Confusion of Brain & Bladder — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan G. Murray

Address: Mt Savage Md

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A88516

Name in Full: Howard Shields Dayton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany

Date of death 190 4 — Month: [redacted]3 — Day: 22 — Years: 1 — Months: 7 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: Bertie Shields Dayton 97

Father's Name: Bertie Shields Dayton — Father's Birthplace: Maryland

Mother's Maiden Name: Hannie Trevella Dayton — Mother's Birthplace: W Va

Name of person giving Information: Bertie S Dayton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobular Pneumonia. — How long: 2 weeks

Immediate: Meningitis acute — How long: 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: P G Abbott

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A38313

Name in Full: Mary Eisel-

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg — County: Alleg-eny

Date of death 190 4 — Month: 3 — Day: 4

Age — Years: 36 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Frostburg Md

Married, Single or Widowed: Single — Occupation: housewife

Name of Wife or Husband:

Father's Name: Adam Eisler — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: About a year

Immediate: " " — How long: Three mos.

Are the name, age, sex, color, data and place correctly given above? Yes.

Signature of Physician: J. C. Cobey

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A66516

Ger. L.

Name in Full: Jeanetta (?) Evans.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland, County: Allegany

Date of death 190 x: Month: March; Day: 1; Years Age: 0; Months: 1; Days: 13

Sex: F; Color or Race: W; Birthplace: Cumberland

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. E. Evans; Father's Birthplace: England

Mother's Maiden Name: Jeanetta Jones; Mother's Birthplace: "

Name of person giving Information: "; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough; How long: 48 days

Immediate: Cerebral Hem; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. W. Hawkins

Address: Cumberland.

Accident or Suicide? No.

LIBRARY BUREAU A88316

Name in Full: Michael Henry Fannon Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage; County: Allegany

Date of death 1904: Month: Feb; Day: 24; Age: Years —; Months —; Days: 3 1/2

Sex: Male; Color or Race: White; Birthplace: Mt. Savage Md.

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael Henry Fannon; Father's Birthplace: Mt Savage Md

Mother's Maiden Name: Mary Bertha Farrell; Mother's Birthplace: Mt. Savage Md

Name of person giving Information: Mary Bertha Farrell; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth; How long: —

Immediate: Possibly a fall; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edward Lucas

Address: Mt. Savage Md

Accident or Suicide?

LIBRARY BUREAU A30816

Name in Full: James Fayneau

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: March; Day: 19

Age: Years: 3; Months: 6; Days:

Sex: Male

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: H. R. Fayneau

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles. Pertussis Acute Nephritis

How long: 2 weeks

Immediate: Pneumonia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Blodgood M.D.

Address: Cumberland Md

Accident or Suicide:

LIBRARY BUREAU A66316

Name in Full: Margaret Rosemary Fayman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd. County: Alleg'ny

Date of death 1 90: Month: Mar. Day: 19 Age: Years — Months: 7 Days —

Sex: Female Color or Race: White Birthplace: Cumb'd.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: H. R. Fayman Father's Birthplace: Shepherdstown

Mother's Maiden Name: Irene Fayman Mother's Birthplace: —

Name of person giving Information: H. R. Fayman How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles & Whooping Cough How long: 3 weeks

Immediate: Pneumonia How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. B. Claybrook

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

61 Union St.

Name in Full: Mary Ann Fazenbaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport; County: Allegany

Date of death 1904: Month: 3; Day: 23; Age: Years: 70; Months; Days

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Housework

Name of ~~Wife or~~ Husband: John M. Fazenbaker

Father's Name: Jas. Murphy; Father's Birthplace

Mother's Maiden Name: 90; Mother's Birthplace

Name of person giving information: Jno M. Fazenbaker; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis; How long: Chronic

Immediate: Exaustion; How long: about 8 or 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Shuey

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mapleside — County: Allegany

Date of death 190 4: Month: Mar — Day: 22 — Age: Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Mapleside Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jas H Fisher S. — Father's Birthplace: Md

Mother's Maiden Name: Amanda A Herick — Mother's Birthplace: Md

Name of person giving Information: Jas H Fisher — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn at 7th Month — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Broadwater M.D.

Address: 98 Va ave Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A83516

Name in Full: Margret Foley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: Mch; Day: 11; 1904

Age: Years: —; Months: 3; Days: —

Sex: Female; Color or Race: White; Birthplace: Cumbd

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: B. G. Foley

Father's Birthplace: W Va

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: B. G. Foley

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. B. Clayhook

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mary M. Bullis.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 190 4: Month: June; Day: 10

Age: Years: 44; Months; Days

Sex: Female; Color or Race: White; Birthplace: —

Occupation: Housework; Where Residing if not at place of death: —

Married, Single or Widowed; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

27.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 1 Year.

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fred. M. Young MD

Address: Cumberland Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Carmen Grazzes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Eckhart — County: Allegeny

Date of death 1904 — Month: 3 — Day: 19 — Age — Years: 23 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Italy

Married, Single or Widowed: Single — Occupation: Miner

Name of Wife or Husband:

Father's Name: Frank Grazzes Italy — Father's Birthplace: Italy

Mother's Maiden Name: Carmela Grazzes — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip & Ty Typhoid fever — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C Cobey

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A55516

Cath.

Name in Full: Ella Regina Pauline Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County:

Date of death: 1904; Month: May; Day: 11; Age: Years: ; Months: 8; Days: 20

Sex: Female; Color or Race: White; Birthplace: Cumb'd Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Glenn; Father's Birthplace: Md

Mother's Maiden Name: Cora Gray; Mother's Birthplace: Md

Name of person giving information: Cora Gray; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles; How long: 1 week

Immediate: Pneumonia; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L Broadwater M.D.

Address: 98 Va ave Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: John Christian Fredrick Grimm

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegheny

Date of death 1904 — Month: March — Day: 4th. — Age — Years: 78 — Months: 8 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Caralina Wilhelmina

Father's Name: Jacob Grimm — Father's Birthplace: Dornheim

Mother's Maiden Name: Fisher — Mother's Birthplace: Drendelburg

Name of person giving In formation: Anna Grimm — How related to deceased: Step Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long: 12 mo

Immediate: Paralysis — How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.A. Shuey

Address: Piedmont W. Va.

Accident or Suicide? no,

LIBRARY BUREAU A8A8I6

Name in Full: Edward Herald Hager

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg; County: Allegany

Date of death: Month: March; Day: 26; 1904

Age: Years: 3; Months: 9; Days:

Sex: male; Color or Race: White; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: George Hager; Father's Birthplace: Maryland

Mother's Maiden Name: Annie Rumsey; Mother's Birthplace: Maryland

Name of person giving information: annie Hager; How related to deceased: mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Basilar Meningitis; How long:

Immediate: Basilar Meningitis; How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. H. Weiner

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Celia Salinea Hare

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: So Cumberland — County: Alleganey

Date of death	Month	Day	Years	Months	Days
1904	March	9	Age 4	10	23

Sex: Female — Color or Race: White — Birthplace: So Cumberland Md

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Thomas R. Hare — Father's Birthplace: W. Va.

Mother's Maiden Name: Nancy Jane Dyche — Mother's Birthplace: W Va

Name of person giving Information: Mother — How related to deceased: Mother

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Two Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Broadbent M.D.

Address: 95 Vale Ave Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU ABBDIS

Name in Full: Howard P Hartsock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg. County: Allegh

Date of death: 1904 Month: March Day: 28 Age: Years: 28 Months: Days:

Sex: male Color or Race: White Birthplace: Emmitsburg

Occupation: Rail Road Employe Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Birtha -

Father's Name: H. H. Hartsock Father's Birthplace: md

Mother's Maiden Name: Dead Mother's Birthplace:

Name of person giving information: H H Hartsock How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis How long: about two years

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Merrill Olwine

Address: Emmitsburg md

Accident or Suicide? —

LIBRARY BUREAU 488316

2.69.
2.53.
.16.

Name in Full: Margaret Harvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1907: Month: March; Day: 8; Age: Years: 63; Months: 2; Days: 2

Sex: Female; Color or Race: White; Birthplace: Wales

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Harvey D.; Father's Birthplace: England

Mother's Maiden Name: Mary Morgan; Mother's Birthplace: Wales

Name of person giving information: Mrs. Mary Howard; How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 8 days

Immediate: Pneumonia; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. G. Porter

Address: Lonaconing Md.

Accident or Suicide? No

LIBRARY BUREAU A6981B

Name in Full: Samson Hopcraft

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmo County: Allen

Date of death: Month: 3 Day: 23 Year: 1904 Age: Years: 28 Months Days

Sex: Female Color or Race: White Birthplace: Md

Occupation Where Residing if not at place of death

Married, Single or Widowed: Married Name of Wife or Husband

Father's Name: Geo Hickory Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information: Mrs Geo Hicks How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 10 days

Immediate: Heart Trouble How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Ross, MD

Address: Lumberland Ky

Accident or Suicide? Dr Ross

LIBRARY BUREAU A86516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: March — Day: 22

Age — Years: — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John A. Gilbert — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Longwell

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A63816

Name in Full: Pauline Kesslor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: 1904; Month: March; Day: 8

Age: Years: 7; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: W. Va.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Absolem Kesler; Father's Birthplace: W. Va.

Mother's Maiden Name: Catherine Boyle; Mother's Birthplace: W. Va.

Name of person giving Information: J. M. Boyle; How related to deceased: Uncle.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria Measles; How long: 3 days

Immediate: Toxaemia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. H. H. Slaubaugh

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Kight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Cumberland — County: Allegany

Date of death 1904: Month: March — Day: 21 — Age: Years: 0 — Months: 0 — Days: 1

Sex: Male — Color or Race: White — Birthplace: So Cumberland Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bailey C. Kight — Father's Birthplace: W. Va

Mother's Maiden Name: Ella Brahaine — Mother's Birthplace: W. Va

Name of person giving Information: Mrs Bayley C Kight — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born ab 6th Month — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas L Broadwp

Address: Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A8031G

Name in Full: Sarah Kirby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt. Savage — County: Allegany

Date of death 1904 — Month: March — Day: 14 — Age — Years: 69 — Months: 6 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Washington Co. Md

Married, ~~Single~~ or Widowed: Married — Occupation: Housework

Name of ~~Wife~~ or Husband: Philip Kirby

Father's Name: George Metz — Father's Birthplace: Hildrake

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Geo. W. Kirby — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of breast — How long: 10 years

Immediate: Exhaustion — How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quarles

Address: Mt. Savage Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: George Kohl

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Vale Summit — County: Allegany

Date of death: Month: Feb — Day: 30 — Year: 1904

Age: Years: 75 — Months — Days

Sex: M — Color or Race: German — Birthplace: Germany

Occupation: Shoe maker — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Dora Kuhn

Father's Name: Dont Know — Father's Birthplace: Germany

Mother's Maiden Name: Dont Know — Mother's Birthplace: Germany

Name of person giving Information: Mr. Seifarth — How related to deceased: Neighbor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer Bowel — How long: 12 yrs ago

Immediate: a Strangulation — How long: 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Price

Address: Frostburg, Md

Accident or ~~Suicide~~?

LIBRARY BUREAU

Ls Mn

Allegany County

Name in Full: Emma E. and George A. Lashbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allegany — County: Allegany

Date of death 1904: Month: 3 — Day: 29

Age: Years: — Months: 2 — Days: 3

Sex: F M — Color or Race: W — Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harmon Lashbaugh — Father's Birthplace: Md

Mother's Maiden Name: Ann Porter — Mother's Birthplace: Md

Name of person giving information: — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 D.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W O M Lane M D

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88310

Name in Full: Silas Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: Mar — Day: 20 — Age: Years: 70 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Unknown

Father's Name: unknown — Father's Birthplace: —

Mother's Maiden Name: unknown — Mother's Birthplace: —

Name of person giving information: J. W. T. Boor — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart disease — How long: Several years

Immediate: Exhaustion — How long: two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Spear.

Address: Cumberland, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU Add018

Name in Full: Mary Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904: Month: Mar — Day: 25 — Age: Years: 2 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Moorfield W Va

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: Thos. Lewis

Father's Name: Geo. Wilson — Father's Birthplace: Moorfield W.Va

Mother's Maiden Name: Nannie Stems — Mother's Birthplace: " "

Name of person giving In formation: Nannie Stems — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis (General) — How long: 6 months

Immediate: Exhaustion — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. T. Duke

Address: Cumberland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: P. H. Longs

CERTIFICATE OF DEATH

MARYLAND

Died at Hospital, County Allegany

Date of death 1904 Month March Day 15

Age Years 35 Months — Days —

Sex Male Color or Race White Birthplace Canada

Occupation Driver Where Residing if not at place of death —

Married, ~~Single~~ or ~~Widowed~~ Married Name of Wife or Husband —

Father's Name Dead Father's Birthplace —

Mother's Maiden Name Mrs Leonard Mother's Birthplace —

Name of person giving information Mathew Rinehleen. How related to deceased Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid Fever. How long 3 weeks

Immediate Abscess of liver How long

Are the name, age, sex, color, date and place correctly given above? Yes,

Signature of Physician A. H. Hawkins

Address Cumberland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: McCullough

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: March — Day: 1 — Age — Years: 5 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Frostburg Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Lannie McCullough — Mother's Birthplace: Frostburg Md.

Name of person giving In formation: Lannie McCullough — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Colby

Address: Frostburg Md.

Accident or Suicide? No

LIBRARY BUREAU A65816

Name in Full: James Edward McKalvey 196

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Alleghany

Date of death: Month: 1904 Mar; Day: 28; Age: Years: 1; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Williamsport Md

Occupation: ~; Where Residing if not at place of death: ~

Married, Single or Widowed: ~; Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James McKalvey; Father's Birthplace: Williamsport

Mother's Maiden Name: Annie Sheeds; Mother's Birthplace: Alleghany Co

Name of person giving information: J F Kups; How related to deceased: ~

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles; How long: 3 Days

Immediate: Heart failure; How long: ~

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Claybrook

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Peter Maffey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd. City | County: Allegany

Date of death 1904: Month: Mar. | Day: 14 | Age: Years: 2 | Months: 3 | Days:

Sex: Male | Color or Race: White | Birthplace: Cumbd.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred Maffey | Father's Birthplace: Germany

Mother's Maiden Name: Francis Helmstedder | Mother's Birthplace: Germany

Name of person giving Information: Fred Maffey | How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles | How long: Two weeks

Immediate: Bronchs Pneumonia | How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J.B. Faghman

Address: Forfarm St

Accident or Suicide?

LIBRARY BUREAU ADS16

Name in Full: Ella Maloney.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb[illegible] County: Alleg

Date of death: Month: Mch Day: 4 Years: — Months: one Days: —

Sex: Female Color or Race: White Birthplace: Cumbd

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Dead. Father's Birthplace:

Mother's Maiden Name: Mrs. A. Maloney Mother's Birthplace: W. Va

Name of person giving Information: Ida Bean How related to deceased: Sister-[illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles How long: 1 week

Immediate: Same How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. T. Dunn

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: George Emory Meeks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

Date of death 1904 — Month: March — Day: 12 — Age — Years: 27 — Months: 0 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: David Meeks — Father's Birthplace: Md

Mother's Maiden Name: Lucretia, — Mother's Birthplace: Md

Name of person giving Information: Dan Tree bar — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: 1½ months

Immediate: Overdose of Morphine (taken to relieve pain) — How long: 1 da

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Broadrup

Address: 95 Va ave Cumberland Md

Accident or Suicide? Do not know

LIBRARY BUREAU A88316

Shipped Piano Pens

Name in Full: Mary Merten

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland. County: Allegany

Date of death 190 4 | Month: Mch. | Day: 26 | Age: Years: 69 | Months: — | Days:

Sex: Female | Color or Race: White | Birthplace: Germany

Occupation: Housework | Where Residing if not at place of death: —

Married, Single or Widowed: Widow | Name of Wife or Husband: F. Merten

TO BE ANSWERED BY NEAREST FRIEND

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver | How long: 1 Year

Immediate: Exhaustion | How long: 6

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Torsey, MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Infant of Pleasant Middleton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: March; Day: 12; Age: Years: 0; Months: 5; Days: —

Sex: Female; Color or Race: White; Birthplace: Emmitsburg

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Deceased; Father's Birthplace: —

Mother's ~~Maiden~~ Name: Pleasant Middleton; Mother's Birthplace: Emmitsburg

Name of person giving information: " "; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: [illegible]

Immediate: Exhaustion; How long: [illegible]

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. B. McDonald

Address: Dr. McDonald

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: Susan Mikus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: 3 — Day: 7 — Age — Years: 18 — Months: 5 — Days: 16

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Hungary

Occupation: Housework — Where Residing if not at place of death: Pittsburg Pa

Married, Single or Widowed: Married — Name of ~~Wife or Husband~~: Andrew Mikus

Father's Name: John Bodner — Father's Birthplace: Hungary

Mother's Maiden Name: Mary Kratkowska — Mother's Birthplace: Hungary

Name of person giving Information: Barbara Lacko — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 mos

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J.K. Carpenter

Address: Midland Md

Accident or Suicide?

LIBRARY BUREAU A63515

Allegany

Name in Full: Bertha Muir

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 190 4: Month: March; Day: 12

Age: Years: 5; Months: —; Days: 12

Sex: Female; Color or Race: White; Birthplace: Lonaconing Md

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband: —

Father's Name: Michael Muir; Father's Birthplace: Scotland

Mother's Maiden Name: Hannah Jones; Mother's Birthplace: England

Name of person giving Information: Mrs. M. Muir; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles Pneumonia Abscess of Lung; How long: 5 mos

Immediate: Entero-colitis (Terminal Infection); How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. L. Porter

Address: Lonaconing Md.

Accident or Suicide? No.

LIBRARY BUREAU A09518

Name in Full: Catherine Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage — County: Allegany

Date of death 1904: Month: Dec — Day: 3 — Age: Years: 88 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: Patrick Murray

Father's Name: Sylvester Kelley — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: Ireland

Name of person giving information: Patrick Cannon — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 20 3 days

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Conroy

Address: Mt. Savage

Accident or Suicide?

ls m

Catholic Cemetery

Mt. Lawn

Name in Full: Mrs Elizabeth Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel — County: Allegany.

Date of death: 1904 — Month: March — Day: 17 — Years: 64 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving information: Chas J Murray. — How related to deceased: Husband

43.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — How long: 4 year

Immediate: Exhaustion — How long: 1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Harry Eugene Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: Mar. — Day: 27 — Age: Years — Months: 11 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Albert E. Nelson — Father's Birthplace: Md.

Mother's Maiden Name: Bertha May — Mother's Birthplace: Md

Name of person giving Information: Albert E. Nelson — How related to deceased:

43.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: One week

Immediate: & Cervical Adenitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Broadrup

Address: 90 Vacant, Cumberland Md.

Accident or Suicide? No

LIBRARY BUREAU A63516

Name in Full: Roy Milton Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

Date of death: Month: March — Day: 17 — Year: 1904

Age: Years: 5 — Months: 10 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Cumb'd Md

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert E Nelson — Father's Birthplace: Md

Mother's Maiden Name: Bertha Bray — Mother's Birthplace: Md

Name of person giving Information: A. E. Nelson — How related to deceased: Father

CAUSES OF DEATH

Primary: Pneumonia — How long: 3 months

Immediate: Exhaustion — How long: 1 da

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. L. Broadrup

Address: 98 Va ave Cumberland Md

Accident or Suicide? No.

LIBRARY BUREAU A88618

Name in Full: Annie Catherine Kreitzer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb | County: Allegh

Date of death: 1904 | Month: March | Day: 8 | Age: Years 39 | Months 5 | Days 8

Sex: Female | Color or Race: White | Birthplace: Pa

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Maried | Name of Wife or Husband: —

Father's Name: Peter Kreitzer | Father's Birthplace: Germany

Mother's Maiden Name: Rebecca " | Mother's Birthplace: Pa

Name of person giving In formation: Louis Kreitzer | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bright's Disease | How long: 10 Days

Immediate: Pneumonia | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Toms, MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ruth Wagner

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: March; Day: 1

Age: Years: 2; Months: 6; Days:

Sex: Female

Color or Race: White

Birthplace: Lonaconing

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband:

Father's Name: Wm Wagner

Father's Birthplace: Lonaconing

Mother's Maiden Name: Ella Rawlings

Mother's Birthplace: Allemphet

Name of person giving Information: Wm Wagner

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Erysipelas of Vulva

How long: One week

Immediate: Acute Peritonitis

How long: Two days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W D Billing

Address: Lonaconing

Accident or Suicide? No.

LIBRARY BUREAU A88616

Name in Full: Lucy Agness O'Neil

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Allegany

Date of death 1904: Month: ~~June~~ 3 — Day: 3 — Age: Years: 20 — Months: 2 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Ohio

~~Married~~, Single or ~~Widowed~~: Single — Occupation: At home.

Name of Wife or Husband: —

Father's Name: J. T. O'Neil — Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth Whitehead — Mother's Birthplace: Maryland

Name of person giving information: J. T. O'Neal — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: 3 years

Immediate: Exhaustion — How long: Gradual during above time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Shupe

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John A Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mosser — County: Allegany

Date of death 1904 — Month: Mar — Day: 16 — Age: Years 87 — Months: 8 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Washington Co.

Married, Single or Widowed: Married — Occupation: Miner & Coal

Name of Wife or Husband: Susan Gary.

Father's Name: [illegible] — Father's Birthplace: [illegible]

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving Information: E A. Patterson — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

10.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Prostate Gland — How long: Few years

Immediate: La-Grippe Pulmonary Edema — How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Killing

Address: Lonaconing

Accident or Suicide? —

LIBRARY BUREAU A88616

Name in Full: Margaret Pfaff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 1904 Oct.; Day: 13

Age: Years: 85; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: Housewife

Where Residing if not at place of death: Frostburg

Married, Single or Widowed: Widow

Name of Wife or Husband: Adam Pfaff

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Gilbert Pfaff

How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral hemorrhage — How long: 3 months

Immediate: Hypostatic pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Coberly

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU ABB515

Name in Full: Elmer Howard Philips

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boartown — County: Allegany

Date of death 1904: Month: March — Day: 14th — Age: Years: One. — Months: Ten — Days: 2

Sex: Male — Color or Race: White — Birthplace: Boartown

Married, Single or Widowed: Single — Occupation: 1

Name of Wife or Husband: —

Father's Name: Edward W Philips — Father's Birthplace: Westmoport

Mother's Maiden Name: Norah Rose — Mother's Birthplace: Mt Savage

Name of person giving In formation: Edward W Philips 92 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-pneumonia — How long: Five days.

Immediate: Exhaustion — How long: Six hours.

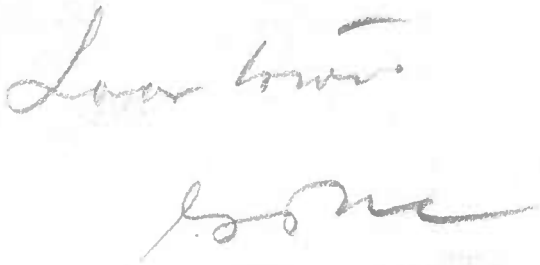
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson

Address: Oak Summit.

Accident or Suicide?

LIBRARY BUREAU A88316



Name in Full: Georgie Hall Philips

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boartown; County: Allegany

Date of death 1904: Month: March; Day: 12th

Age: Years: 2; Months: One; Days: sixteen.

Sex: Male; Color or Race: White; Birthplace: Boartown

Married, Single or Widowed: Single; Occupation: ✓

Name of Wife or Husband: ✓

Father's Name: Edward Philips; Father's Birthplace: Westernport Md

Mother's Maiden Name: Nora Ross; Mother's Birthplace: Mt Savage Md

Name of person giving information: Edward Philips; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Bronchitis; How long: Three days.

Immediate: Heart paralysis.; How long:

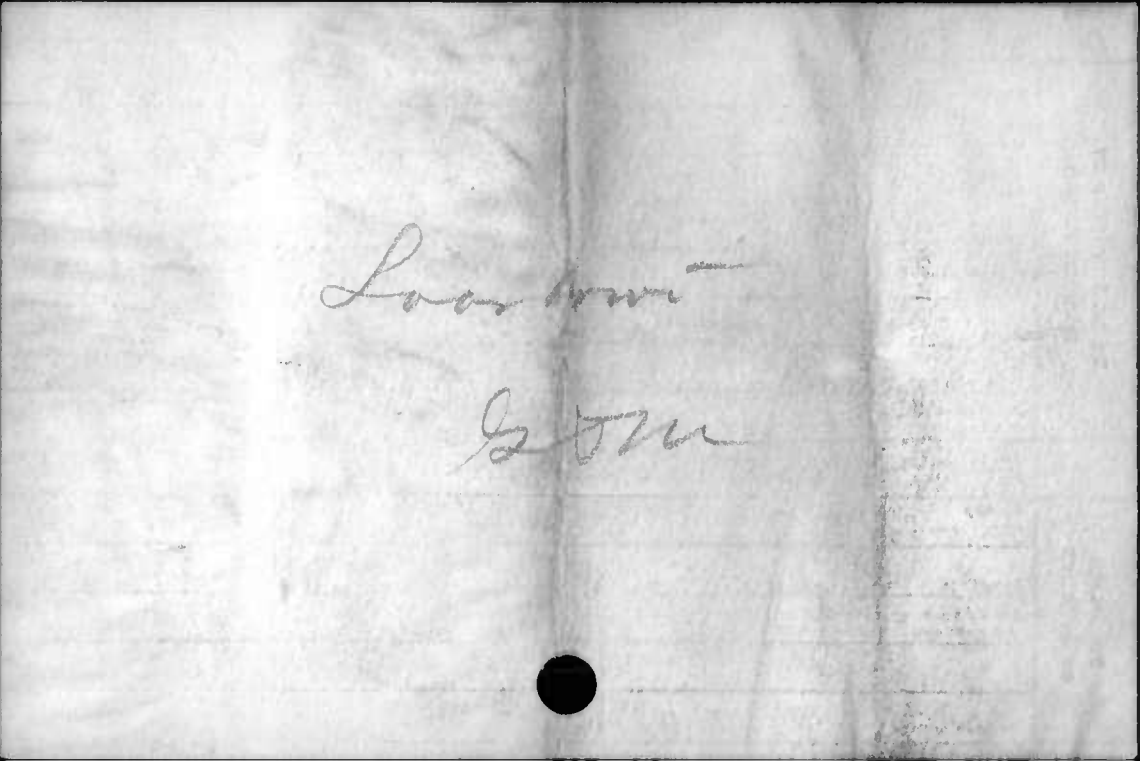
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson

Address: Vale Summit. Md.

Accident or Suicide?

LIBRARY BUREAU A83315



Name in Full: Baby - of Jas Powers Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: Month: 3; Day: 8; 1904

Age: ~~Years~~ 3 hours; ~~Months~~; ~~Days~~

Sex: Female; Color or Race: White; Birthplace: Frostburg

Occupation: —; Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed; Name of Wife or Husband:

Father's Name: Jas Powers Jr.; Father's Birthplace: Frostburg Md

Mother's Maiden Name: Sarah Powers; Mother's Birthplace: Penn

Name of person giving Information: Jas Powers Jr.; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth. How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: W. R. Price

Address: Frostburg, Md.

Accident or Suicide:

LIBRARY BUREAU A38516

Name in Full: H. C. Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Mar — Day: 9 — Years: Age 32 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Unknown

Occupation: Fireman — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: ~~Unknown~~

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Information: Himself — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fractured Skull — How long: 12 hours

Immediate: Erysipelas — How long: one day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J.M. Shaw

Address: Cumberland Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88818

Name in Full: Charles Krantz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: Allegh

Date of death 1904 — Month: March — Day: 20 — Age — Years: 76 — Months: — — Days: 3

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Boat Builder — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving In formation: Frank Krantz — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gen Paralysis — How long: One mth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B C Miller, M.D.

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Theodore Ralph.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy | County: Allegh

Date of death: 1904 | Month: March | Day: 15 | Years: 2 | Months | Days

Sex: male | Color or Race: White | Birthplace: Pa.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed | Name of Wife or Husband: —

Father's Name: John Smith | Father's Birthplace: Pa

Mother's Maiden Name: Nolia Sellars | Mother's Birthplace: Pa

Name of person giving In formation: John Smith | How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate: Bronchio Pneumonia | How long: 7 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. W. Dochtman

Address: Frostburg

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Henry C. Rank

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cumbd. (County) Allegany

Date of death 1904 (Month) Mar. (Day) 25 Age (Years) 34 (Months) 3 (Days)

Sex: Male — Color or Race: White — Birthplace: Louisiana

Occupation: Editor Newspaper — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Rank

Father's Name: Head — Father's Birthplace:

Mother's Maiden Name: Mary Dando — Mother's Birthplace:

Name of person giving Information: Louis Steni — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Death from natural causes — How long:

Immediate: Body found by Coroner — How long:

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: T. B. McDonald

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU AB8316

Name in Full: Nellie Rankin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Borden — County: Allegany

Date of death: Month: 3 — Day: 1 — Year: 1904

Age: Years: 9 — Months: 10 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Borden, Md.

Occupation: —

Where Residing if not at place of death: Borden, Md.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Alexander Rankin — Father's Birthplace: Borden, Md.

Mother's Maiden Name: Kate McGrady — Mother's Birthplace: Ireland

Name of person giving Information: Robert Rankin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Began soon after birth

Immediate: Wasting & exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C Cobey

Address: Frostburg Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Jno Beasley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town / Cumb[illegible] — County: Allegany

Date of death 1904 — Month: Mar — Day: 25 — Age: Years: adult — Months — Days

Sex: Male — Color or Race: Black — Birthplace: not known

Occupation: — — Where Residing if not at place of death: "

Married, Single or Widowed: not known — Name of Wife or Husband: not known

Father's Name: not known — Father's Birthplace: —

Mother's Maiden Name: not known — Mother's Birthplace: —

Name of person giving Information: not known Coroner — How related to deceased: None

1/76

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: G. S. Rounds — How long: 10 minutes

Immediate: Hemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Emma Coroner

Address: Cumberland Md

Accident or Suicide? [illegible]

LIBRARY BUREAU A8U316

Name in Full: Laura Rice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emm — County: Alle

Date of death: Month: 8 — Day: 21 — 1904

Age: Years: 39 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: James Rice — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 8 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide? Dr Wilson

M.D.

PHYSICIAN OR CORONER

LIBRARY BUREAU A3J516

Name in Full: Hilda Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allegany

Date of death: 1904 — Month: March — Day: 7

Age: Years: 1 — Months: 10 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Cumbd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Robinson — Father's Birthplace: Cumbd

Mother's Maiden Name: Bessie Anderson — Mother's Birthplace: Cumbd

Name of person giving information: Bessie Robinson — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Meningitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Bruce M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A64618

Name in Full: Christian Schnyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death: 1904 — Month: March — Day: 21 — Age: Years: 56 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Saxon Co.

Occupation: Saddler — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: ~~catherine~~ Snyder — Mother's Birthplace: Saxon Co.

Name of person giving information: Mrs Rueke. — How related to deceased: Son in law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 2 Yrs

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. Dorsey

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Sexton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: March; Day: 8th; Age: Years: 32; Months: 2; Days: 2

Sex: Female; Color or Race: White; Birthplace: Lonaconing Md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Martin Sexton; Father's Birthplace: Ireland

Mother's Maiden Name: Janet Hotchkiss; Mother's Birthplace: Scotland

Name of person giving information: Mrs. Janet Sexton; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 6 weeks

Immediate: Bronchial Pneumonia; How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter, M.D.

Address: Lonaconing Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: Macey L. Shipes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crumb — County: Gilmer

Date of death 1904 — Month: March — Day: 6 — Age: Years: 1 — Months: 8 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Crumb

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Shipes — Father's Birthplace: W. Va

Mother's Maiden Name: Emma Crutchley 93 — Mother's Birthplace: W. Va

Name of person giving In formation: W. A Crutchley — How related to deceased: Grand father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 Week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos M. Cooper MD

Address: Cookhouse W Va

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alice Fannie Shumbert-

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Midland — County: Allegany

Date of death 1904 — Month: March — Day: Tuesday — Age — Years: — Months: 5 — Days: 20

Sex: Girl — Color or Race: White — Birthplace: Midland Md.

Occupation: None — Where Residing if not at place of death: Midland

Married, Single or Widowed — Name of Wife or Husband: Catherine Emery

Father's Name: John Shumbert — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Emery — Mother's Birthplace: Frostburg Md

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. Non Contagious — How long: 3 days

Immediate: Coma — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. Kirbus

Address: Midland Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A33616

Know Thou fellow and
Return

Name in Full: Wm Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Alle

Date of death: Month: 3 — Day: 25 — Year: 1904 — Age: Years: 90 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Unknown — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Unknown — Mother's Birthplace: —

Name of person giving Information: Coroner — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gun Shot Wound — How long: Instant

Immediate: Hemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Conner Coro

Address: Cumberland Md

~~Accident or Suicide?~~ Murder

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: Theodore Smoot

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Md Saraph — County: Allegany

Date of death 1904: Month: March — Day: 8th — Age: Years: 38 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: St Marys Co Md

Married, Single or Widowed: Married — Occupation: Clergyman

Name of Wife or Husband: Cecilia Halley

Father's Name: Theodore Smoot — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Amelia Harrison — Mother's Birthplace: St Marys Co Md

Name of person giving In formation: Robt H. Smoot — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Double Pneumonia — How long: 8 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan E. Murray

Address: Md Saraph Md

Accident or Suicide? Accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A58516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Joseph Stumbries

Died at — Town: Petersburg — County: Allegany

Date of death 1904 — Month: Mar — Day: 29

Age — Years: 1 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Corinth W. Va

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Benard Stumbries — Father's Birthplace: Russia

Mother's Maiden Name: Mary Gollays — Mother's Birthplace: Russia

Name of person giving In formation: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 wks

Immediate: — — How long: 4 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. V. Kelley M.D.

Address: Friendsville Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Harriett Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg County: Allegany

Date of death 1904: Month: Nov Day: 17

Age: Years: 71 Months: Days:

Sex: F

Color or Race: W

Birthplace: Wales

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: David Thomas

Father's Name: Thomas

Father's Birthplace: Wales

Mother's Maiden Name:

Mother's Birthplace: Wales

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease

How long: some hours

Immediate: Bronchitis & Death

How long: one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. G. Griffith

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Allegany Co.

CFH.

Name in Full: Hannah Albright Wagus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millr — County: Allegany

Date of death 1904: Month: March. — Day: First — Age: Years: 64 — Months — Days

Sex: Fmale — Color or Race: White — Birthplace: Penn.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Henry Wagus

Father's Name: George Albright — Father's Birthplace: Penn.

Mother's Maiden Name: Lizzie Kandle 93. — Mother's Birthplace: Penn.

Name of person giving In formation: Henry Wagus. — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Pneumonia — How long: Two days

Immediate: Exhaustion. — How long: Three days.

Are the name, age, sex, color, date and place correctly given above? Yes.

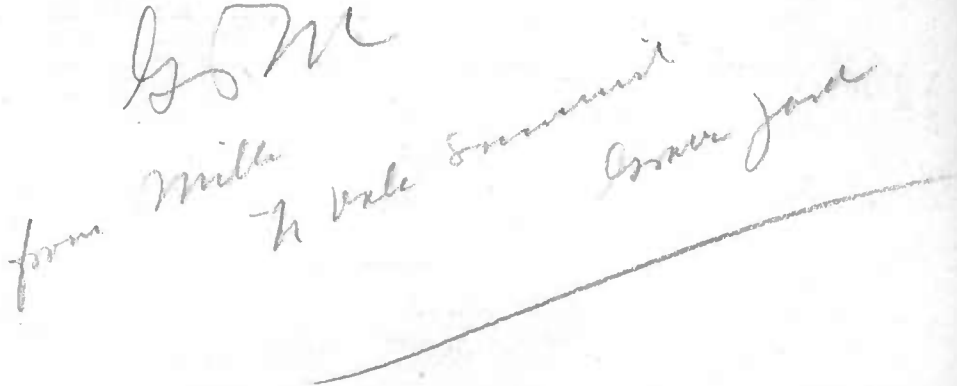
Signature of Physician: H. H. Johnson

Address: Vale Summit Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU AB5518



Name in Full: Infant Walsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 1904: Month: March Day: 20

Age: Years: — Months: — Days: 2

Sex: Female Color or Race: White Birthplace: Lonaconing

Occupation: none

Married, Single or ~~Widowed~~

Name of ~~Wife~~ or Husband

Father's Name: Bernard A. Walsh Father's Birthplace: Lonaconing

Mother's Maiden Name: Hattie Horgan Mother's Birthplace: Lonaconing

Name of person giving information: Bernard Walsh How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth (6 mos) How long: —

Immediate: Inanition How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A66316

Name in Full: Ellen Welsh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: Feb — Day: 28

Age — Years: 58 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: —

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: James Welsh

Father's Name: Nathan Ardel — Father's Birthplace: —

Mother's Maiden Name: Sarah C. Wade — Mother's Birthplace: —

Name of person giving Information: James Welsh — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever + results — How long: 7 months

Immediate: Cerebral hemorrhage — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Cobey

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Catholic Cemetery -

Lyons

Name in Full: Eugene C. Welsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frost Burg — County: Allegany

Date of death: Month: 3 — Day: 27 — Years: 1 — Months: 1 — Days: —

Sex: M — Color or Race: W — Birthplace: Frostburg

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. Welsh — Father's Birthplace: Frostburg

Mother's Maiden Name: Margaret Kirby — Mother's Birthplace: Ireland

Name of person giving Information: Chas. Welsh — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 9 days.

Immediate: Pneumonia — How long: 9 4

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Price

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A43516

CJV.

Catholic Cem

Name in Full: Benjamin Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Allegany — County: Alleg

Date of death: 1904 — Month: Mar — Day: 13 — Age: Years: 68 — Months: 11 — Days:

Sex: M — Color or Race: W — Birthplace: W. Va

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: W — Name of Wife or Husband: Williams

Father's Name: Benj Williams — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: No one — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture Femur — How long: 13 days

Immediate: Pulmonary Oedema — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Griffith

Address: Westernport Md

Accident or Suicide?

LIBRARY BUREAU A48516

Percy Cross

C F 71.

Name in Full: Percy F Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Allegany; County: Alleg

Date of death: 1904 Month: Mar Day: 20

Age: Years: 2 Months: 3 Days:

Sex: M. Color or Race: W Birthplace: Allegany

Occupation: — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: — Name of Wife or Husband: —

Father's Name: Albert Williams Father's Birthplace: Mt Savage

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: None How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions How long: Dunno

Immediate: Was found dead in bed How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88616

Percy Cane

C F 21.

Name in Full: infant of M W Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emm — County: Alle

Date of death 1904 — Month: 3 — Day: 3 7 — Age — Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Ind

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: S

Father's Name: M W Wolf — Father's Birthplace: Ind

Mother's Maiden Name: Annie Wittenberger — Mother's Birthplace: Ind

Name of person giving information: M W Wolf — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? JS

Signature of Physician: Mrs. Hensel

Address: 29 Paca St

Accident or Suicide? Mrs Hensel

LIBRARY BUREAU A28618